

Hamilton Community Homes Limited

Hamilton House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 18 May 2015 and was unannounced. We returned on the 20 May 2015 announced.

Hamilton House is registered to provide residential care and support for 19 people with mental health needs. At the time of our inspection there were 16 people using the service. The service is a converted residential property which provides accommodation over three floors. The service is located within a residential area and has an accessible garden to the rear of the property.

At the last inspection of the 7 November 2013 we asked the provider to take action. We asked them to make

improvements in the storage of people's medicines and improvements in the training of staff. We received an action plan from the provider which outlined the action they were going to take which advised us of their plan to be compliant by December 2013. We found that the provider had taken the appropriate action.

Hamilton House had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at Hamilton House and staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. Where people were at risk, staff had the information they needed to help keep them safe.

People said there were enough staff on duty to meet their needs and to enable them to go out with staff support, when needed, to access local services. They said staff were available to talk with them when they experienced an increase in symptoms which affected their mental health.

People who wished to manage their own medicines were supported to do so and assessments of risk had been carried out. We found the system for recording medicine in and out of the service was not robust as there was no clear audit trail to evidence the quantity of medicines received and the quantity of medicines administered or returned unused to the pharmacist. The provider could therefore not be confident that all medicines were being administered as prescribed.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

Staff were seen to support people in a confident manner. We saw people were relaxed in the company of staff and talked openly with them about issues affecting their mental and physical health. People told us they attended regular health care appointments with and without staff support. Staff understood people's health care needs and referred them to health care professionals when necessary.

Staff told us that training had helped them to understand the needs of people, which included their right to make decisions about their day to day lives. People told us they that decisions about their lifestyle choices were supported by staff and were not restricted.

People's dietary needs were met and people were encouraged to prepare and cook food if they wished to.

People were supported by staff who had developed positive and professional working relationships with them, this gave people who used the service the confidence to speak with staff and talk about issues affecting them. People were able to talk about their lifestyle choices and the impact their decisions had on their well-being and future plans.

People had the opportunity to visit Hamilton House and meet the registered manager, staff and people already living at the service before they moved in. People were involved in their initial assessment and in the developing and review of their plans of care, which included their plans for the future.

People were involved in the day to day running of the service and had the opportunity to undertake cooking, household chores and gardening. People were represented by a 'spokesperson' and attended meetings to comment on the service. People were confident that any concerns were responded to by the provider and registered manager.

People were supported and encouraged to be involved in the day to day running of the service and people we spoke with said that Hamilton House was their home. People spoke positively of the registered manager and staff.

The registered manager and staff were committed to meeting the needs of people and improving their sense of well-being by encouraging people to manage their mental health and develop skills to enable them to make informed choices and decisions over their lifestyle choices.

Staff were complimentary about the support they received from the registered manager and regular meetings provided an opportunity for them to develop and influence the service they provided.

The provider had recently introduced audits to check the quality and safety of the service, which included speaking with people who used the service, staff and the reviewing of records. However these had not been sufficiently robust as errors in medicine management had not been identified.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People felt safe at the service and staff knew what to do if they were concerned about their welfare.

There were enough staff on duty to keep people safe and meet their needs.

Staff were safely recruited to help ensure they were appropriate to work with the people who used the service.

Medicine was administered by staff who were trained, however the system for recording medicines into and out of the service was not robust.

Requires improvement



Is the service effective?

The service was effective.

Staff were trained and supported to enable them to provide the support and guidance people required.

People's consent to care and treatment was sought in line with legislation and guidance. People were supported to make decisions which affected their day to day lives.

People had sufficient to eat and drink and told us they liked the food served and were involved in its preparation and cooking.

Staff understood people's health care needs and referred them to health care professionals when necessary.

Good



Is the service caring?

The service was caring.

People said the staff were supportive and easy to speak with.

Staff encouraged people to make decisions about their lifestyle choices and understand the impact of their decisions on themselves and others.

Staff supported people with empathy and understanding with regards to their dignity.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed prior to moving into the service and were involved in the on-going review and development of their care.

People we spoke with told us that the staff team were approachable and that they had the opportunity to influence and comment upon the service and said their views were listened to and acted upon.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager and staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices within an inclusive and empowering environment.

Staff were complimentary about the support they received from the management team and were encouraged to share their views about the services' development.

The provider undertook audits to check the quality and safety of the service, however areas for improvement had not always been identified.

Good



Hamilton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 May 2015 and was unannounced. We returned on the 20 May 2015 announced.

The inspection was carried out by one inspector.

We contacted commissioners for social care, responsible for funding some of the people that live at the service, and

health and social care professionals who provided support to people and asked them for their views about the service. We also reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

We spoke with five people who used the service. We spoke with the registered manager and three team leaders. We looked at the records of three people, which included their plans of care, risk assessments and medicine records. We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

Is the service safe?

Our findings

At our inspection of 7 November 2013 we found that there were unsafe arrangements in place for the storage of medicines as some medicines were not kept within an appropriate lockable cupboard. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that improvements had been made. Medicines were kept in a lockable facility designed for the purpose of storing medicines safely.

We looked at the records for two people who received medicines and found the number of tablets on site did not correspond with the number of signatures on the medicine administration records. We found one person had two medicine administration records covering the same period of time for PRN medicine, (medicine that is administered as and when needed.) A clear audit of medicines received into the service was not in place and poor record keeping meant the provider could not be confident that people had received their medicines as prescribed, which had the potential to impact on the health, safety and welfare of people.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's records showed that their medicines were regularly reviewed by a range of health care professionals. Community psychiatric nurses (CPN's) visited some people to administer their medicines. A CPN told us that the staff contacted them to discuss people's PRN medicines and that any requests for additional medicines were reviewed by the CPN and psychiatrist and kept under review, to promote people's safety and well being.

People's capacity to manage their own medicines was documented and their views sought. People were supported to manage aspects of their medicines. One person's records showed staff handed them their medicine for the day, which they then administered to themselves, whilst a second person's records showed that until recently they had managed their medicines on a weekly basis. The

person told us that due to changes in their health this had been reviewed and with their consent their medicine was now being managed by staff. Where people managed their medicine they were provided with their own lockable facility. People told us that they asked staff for their PRN medicine when they needed it and knew what medicine they took which helped them to manage their physical and mental health.

We spoke with people and asked them if they felt safe at Hamilton House and if they knew what they would do if they had concerns about themselves or others in how they were treated. One person told us, "I am happy as I am safe here." One person told us that if they thought someone was not being treated well that they would speak with the registered manager or provider. They were unclear as to who they would speak with external to the service. This has the potential for people's safety concerns not to be listened to. We spoke with the registered manager who told us they would discuss the contacting of external agencies at the next resident meeting.

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. All the staff we spoke with understood their responsibilities with regard to safeguarding. They knew the different types of abuse and how to identify them. They also knew who to report any concerns about abuse to, and who to approach outside the service if that was required, which would support and protect people.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff worked unsupervised at the service.

People's care records included risk assessments. These were regularly reviewed and covered areas of activities related to people's health, safety, care and welfare. The advice and guidance in risk assessments were being followed. People we spoke with were aware of potential risks to themselves due to their mental health and lifestyle choices and told us they spoke with staff and health care professionals and were fully involved in decisions about their care showing people's choices and decisions were supported.

The registered manager spoke to us about 'positive risk taking', where by people's rights to make informed

Is the service safe?

decisions about their lifestyle choices were supported by the service. The registered manager told us that this approach was to provide people with the opportunity to understand the consequences of any decisions to enable them to manage their day to day lives and increase their independence and the management of their mental health. People we spoke with were aware that some of the decisions as to how they lived their lives were not always in their best interests and that their right to make decisions was not restricted by staff.

There were systems in place for the maintenance of the building and its equipment and records confirmed this.

We found there were sufficient staff on duty to meet people's needs and keep them safe. People we spoke with told us staff were available to support them when they needed them. They told us in some instances staff accompanied them on health care appointments and when going out to visit local shops and other amenities. People said staff were available to talk with them about their health, which included coping mechanisms and strategies to support them with their mental health.

Is the service effective?

Our findings

We found people had lived at the service for differing amounts of time and were keen to tell us that they were happy at the service as the staff met their needs and supported them.

Records showed staff had induction and on-going training. They undertook a wide range of courses in general care and health and safety, and those specific to the service. These were recorded on the home's training matrix and updated as necessary. Staff told us they were encouraged to access training as part of their personal development.

People we spoke with told us they had no restrictions placed upon them that they had not agreed to. People's plans of care detailed any restrictions, which included the management of people's finances and their day to day choices with regards to their lifestyle. One person told us, "I can come and go as I please, I have a key to the front door and to my bedroom." A second person told us, "I go to the pub, to the shops anytime of the day or night."

Staff we spoke with told us that the service adopted 'positive risk taking', which enabled people to make decisions about their lifestyle choices which may not always be in their best interests, however people at the service had capacity to make informed decisions. Staff were clear that their role was to support people to manage the outcome of the decisions they made and to help people manage their expectations and lifestyle to increase their independence and gain skills. One person told us they were aware that they needed support with the management of their finances and this was part of a plan of care to enable them to develop their skills so that they could consider living independently.

One person told us they were being supported by an advocate provided by a local mental health advocacy service. They told us they were supporting them to attend meetings and have their views represented with regards to their wishes for their future care and support.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the service's training records showed staff had attended courses on this.

Records showed that mental capacity assessments were carried out for people who needed them, which showed people's rights to make informed choices were protected and supported. The registered manager was aware that best interests meetings would need to be held should people not have the capacity to consent to aspects of their care.

People told us they were happy with the meals provided and that in some instances people prepared and cooked meals for themselves and others. One person told us, "I order steaks for a Friday and I cook them in the kitchen." The person went on to say, "everything I need and like is catered for." One person told us "me and [other service user] cook together."

The service in addition to the main kitchen had a smaller domestic size kitchen on the first floor, which was used to encourage people to develop cooking skills. People told us that in some instances they bought ingredients from the local shops. People told us that meals provided by staff at the service were of good quality and that there were always choices available. People told us they had access to drinks and snacks, with some people having a kettle in their room so that they could make themselves hot drinks, whilst others had a fridge in their bedroom where they kept snacks.

Records showed that where people's physical health had deteriorated which had resulted in them having difficulties with eating and drinking then appropriate referrals had been made to speech and language therapists (SALT). This ensured people continued to receive the appropriate nutrition and hydration.

People had a comprehensive understanding as to their mental and physical health and told us they were aware of how their health impacted on their day to day lives and their ability to make informed decisions. People were open with us about their health needs and spoke of their aspirations for the future. One person told us they had been referred to a SALT who was helping them with their speech.

Records showed that people had access to a range of health care professionals including GPs, mental health practitioners, opticians, and dentists. If staff were concerned about a person's health they discussed it with them and where appropriate, referred them to the appropriate health care services, and accompanied them to appointments if requested. One person said, "Staff come

Is the service effective?

with me to hospital appointments, but I go to the GP by myself.” This showed a flexible approach by staff in supporting people with both their independence whilst recognising areas where support was required.

Staff we spoke with had a good understanding as to the physical and mental health needs of people and were clear as to their role in monitoring people’s well-being and supporting them to attend health care appointments. We

observed staff talking with people about their physical and mental health needs, which included discussions about making positive decisions to increase their well-being. For example we heard staff talk with someone about a physical health condition they had and the impact this had and would continue to have on their life. The discussion was open and provided an opportunity for the person to consider how they could plan for their future.

Is the service caring?

Our findings

People spoke positively about the staff, their comments included, “All staff are really good, all in their own special way.” And, “It’s like a family.” People were relaxed in the company of staff, laughing and joking with them. One person wrote a letter to us which they asked the registered manager to give us. Within the letter they told us that it was important that staff had a good rapport with people and that the CQC recognised this as an important factor when inspecting a service. They wrote, ‘This is a good home, there are bad ones I have heard of to due to the separation between staff and residents. This home doesn’t have that.’

Upon our arrival at the service, we pressed the door bell to gain entry and a person using the service opened the door and asked to see our identification, this shows that people using the

service feel empowered and in control of their daily lives.

We contacted community psychiatric nurses by telephone to ask them for their views of the service. They told us that that the staff were very positive and genuinely caring and worked with each person individually in a non-judgemental way.

Many people who used the service had contact with relatives and friends who were encouraged to visit Hamilton House, people also told us they visited family and friends, which included staying away overnight.

Staff had a good understanding as to people’s previous lifestyle experiences and how these experiences had

impacted on their mental health. Staff were able to provide care with empathy and were able to identify when people needed additional support, which included distracting them by offering alternative activities or discussions to help them manage their anxiety or stress.

People told us that meetings were regularly held where they spoke about their day to day lives, which included discussions about menu planning, activities including holidays and staff. People told us they were encouraged to complete household chores which they didn’t mind doing which included cleaning. People told us this was their home and therefore they wanted to help look after it. One person told us they enjoyed gardening and we saw someone who lived at the service and staff return with plants for the garden.

People told us that one person who lived at the service was the ‘spokesperson’ for them all. They told us they spoke with people individually and brought any issues to the attention of the registered manager. People said that this worked well.

People had independent access to the service and were able to lock their bedroom door. People told us they could come and go as they pleased and that there were no restrictions. They told us staff respected their privacy and helped them to improve their lives and promote their independence and decision making. One person said, “There are no restrictions here, I talk with staff about what I want to achieve in the future and they’re helping me with that.”

Is the service responsive?

Our findings

People we spoke with told us they had visited Hamilton House before making a decision to move into the service and that this was part of the assessment process to determine whether their needs could be met. People told us they had spoken with the registered manager on several occasions prior to moving in. This provided people with an opportunity to decide whether the service was the right one for them and to meet the people already living at the service and staff before making a decision. One person we spoke with told us they were visiting the service several days a week and were hoping to move in soon.

People told us that staff were available to talk with them when they became anxious and had a good understanding as to their individual needs. People told us they contributed to the development and reviewing of the plans of care which they had signed, which ensured people's views about their care including their goals and aspirations were acted upon. One person told us that they enjoyed cooking and that they attended a food hygiene course so that they could cook for others they lived with as well as themselves.

People we spoke with told us about their plans for the future, some told us they wished to continue living at Hamilton House, whilst others were looking to move out and live independently. People told us they attended their 'reviews' with health and social care professionals to discuss their current and future needs. One person said they needed to regain their confidence and that they had

spoken with a member of staff about attending courses for people with mental health needs, which focused on different mental health conditions and strategies for helping them to manage their condition.

People told us they received support that was right for them. One person said, "When I get agitated staff calm me down." We saw that staff were responsive to people as they answered their questions about their health, which included talking about their personal care and attendance at health care appointments. We saw the registered manager talk with someone who had just returned from a stay in hospital due to an unexpected deterioration in their physical health. The registered manager reassured the person they would speak with them about this and look at how the staff could support them to reduce the likelihood of the situation arising again.

Discussions with people showed that people accessed community services as and when they needed to, both independently and with staff support where required. One person told us they attended a day care facility and had enrolled on a drama course.

We asked people if they were confident to raise concerns about the service. Everyone we spoke with told us that they would speak with the provider, registered manager, or staff. One person said, "You just need to tell [registered manager] and she'll deal with anything you are worried about." People told us that a fellow resident of the service was a 'spokesperson' for them all, which worked well, we asked what issues if any the 'spokesperson' had presented to the provider and registered manager, we were told, "We raised issues about the central heating boilers and they've been replaced." The provider had not received any complaints within the last twelve months.

Is the service well-led?

Our findings

People had the opportunity to influence the service they received through the 'spokesperson' and by attending meetings to discuss the day to day running of the service, which included their involvement in household chores and activities. On an individual level people were involved in their initial assessment and on-going review of their needs, which included attending appointments and meetings with health and social care professionals. This ensured the service people received met their individual needs whilst enabling them to manage and influence their lives.

Positive professional relationships with staff provided people with the opportunity to openly discuss their health with staff, with confidence that their views would be listened to and that they would receive support to manage their mental and physical health. One person said, "Staff are always available to talk."

The registered manager had a visible presence in the service with an open door policy, which meant they could be approached at anytime by people using the service and staff. People we spoke with told us when we asked about the registered manager, "She's the best manager I've ever known." And "[registered manager] is brilliant."

The registered manager had a comprehensive understanding as to the needs of people and

we observed throughout the day that they had a hands on attitude to the service and its people, providing a positive role model for care staff to follow. The staff team worked well together, which helped provide a positive and encouraging environment for people to live.

The registered manager worked with a range of external agencies, which included, community mental health team, general practitioners and psychiatrists. We contacted community psychiatric nurses and members of the community mental health team by telephone to ask them for their views of the service. They told us that staff were pro-active in contacting them and keeping them up to date with any changes to people's welfare and that staff took an active part in meetings where people's needs were reviewed. They said that the staff team communicated well with each other and themselves as external agencies and were pro-active in involving people who use the service in decision making.

We asked staff what communications systems were in place to enable them to work well. We were told that individual supervisions (one to one meetings) with the registered manager took place, where staff had the opportunity to discuss the needs of people using the service, their personal training and development and suggestions as to the development of the service. Staff also told us daily 'handovers' of information between members of the staff team promoted consistency of support to people by ensuring all staff were informed about events within the service.

We asked staff for their views as to the management and leadership of the service. Staff told us they regularly met as a team to discuss the development of the service and any ideas they had. Staff said the registered manager had worked at the service for a long time and that as a team they worked together well.

We spoke with the commissioning department of Leicester City Social Services and asked them for their views about the service they commissioned on behalf of people. They told us they had received positive feedback from people using the service and staff.

The provider had recently introduced an audit tool to assess the quality of the service. The provider, as part of the audit, had spoken with people who used the service and staff. They had also looked at a range of records. The audit however had not identified that medicine management systems were not robust. We spoke with the provider and registered manager about the further development of the quality audit system and the need to ensure that any shortfalls identified by them or external agencies were recorded and acted upon. The registered manager told us that they were in the process of entering into a contract with an external company which would improve their systems for auditing quality and in addition would review policies and procedures to reflect changes in legislation and guidance which applied to their service.

We saw there were systems in place for the maintenance of the building and equipment. This included maintenance of essential services, which included gas and electrical systems and appliances along with fire systems.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who used the service were not sufficiently supported in the proper and safe management of their medicines as medicine recording systems were not robust.